

ICON Real Estate Management Company

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RENTAL APPLICATION AGREEMENT

Property Address _____ City _____ State _____ Zip _____
App Date _____ Move In Date _____ Lease Term _____ From _____ To _____
Rental Rate \$ _____ Security Deposit Amount \$ _____ To \$ _____ Other Fees \$ _____

First Name _____ Maiden Name _____
Last Name _____ Middle Initial _____
Social Security # _____
Birth Date - Month _____ Day _____ Year _____
Driver's License # _____
Personal Or State ID # _____
Home Phone # (_____) _____
Work Phone # (_____) _____
Cell Phone # (_____) _____
Email _____
Current Address _____
City _____ State _____ Zip _____
Reason For Leaving? _____

Application Fee (Non-refundable) _____
Holding Fee _____
Monthly Rental Rate _____
Prorated Rent _____
Monthly Pet Fee _____
Prorated Pet Fee _____
Move In Pet Fee _____
Lease Prep Fee _____
Cleaing Or Other Fee _____
Security Deposit _____
TOTAL DUE _____
Less Holding Fee _____
Less Concession _____

Pets No _____ Yes _____ Type _____ Breed _____ Age _____
How Many Pets _____ Color _____ Weight _____ Name _____

BALANCE DUE AT MOVE IN _____

Total Number Of Occupants _____ (Include lease holders in 1st lines bellow)

Name _____	SS# _____	Birth Date _____	Relationship _____
Name _____	SS# _____	Birth Date _____	Relationship _____
Name _____	SS# _____	Birth Date _____	Relationship _____
Name _____	SS# _____	Birth Date _____	Relationship _____
Name _____	SS# _____	Birth Date _____	Relationship _____
Name _____	SS# _____	Birth Date _____	Relationship _____

Within The Past Three (3) Years Have You?

1. Declared Bankruptcy? No _____ Yes _____ Date _____
2. Had A Foreclosure Or Presently In Foreclosure? No _____ Yes _____ Date _____
If Yes What Was The Amount Of Your Payment \$ _____ Did This Amount Include Taxes & Ins Yes ___ No ___
3. Been Evicted? No _____ Yes _____ Date _____
4. NOT fulfilled A Lease Term? No _____ Yes _____ Date _____

REASON FOR 2,3 OR 4. IF YES: _____

Address History

Home Owner ___ Renting ___ Living With Family/Friend ___ Other ___
Are You Presently In A Lease Yes _____ No _____ Lease Expiration Date _____
Current Landlord Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Move In Date _____ Monthly Payment \$ _____

If Above Is Less Than Three (3) Years

Previous Landlord Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Move In Date _____ Monthly Payment \$ _____

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Current Employer _____ Position _____
Address _____ City _____ State _____ Zip _____ Phone # _____
Date Of Hire _____ Supervisor _____
Annual Gross Income \$ _____ Are You Hourly _____ Salary _____ Commission _____ Cash _____ Other _____

Current Second Job Employer _____ Position _____
Address _____ City _____ State _____ Zip _____ Phone # _____
Date Of Hire _____ Supervisor _____
Annual Gross Income \$ _____ Are You Hourly _____ Salary _____ Commission _____ Cash _____ Other _____

IF Less Than One (1) Year Of Employment

Previous Employer _____ Position _____
Address _____ City _____ State _____ Zip _____ Phone # _____
Date Of Hire _____ Supervisor _____
Annual Gross Income \$ _____ Are You Hourly _____ Salary _____ Commission _____ Cash _____ Other _____

Additional Income Or Assets Which Can Be Verified

Amount \$ _____ Type _____ Amount \$ _____ Type _____
Amount \$ _____ Type _____ Amount \$ _____ Type _____

Total Debt Or Other Payment Obligations

Type _____ Monthly Payment \$ _____ Balance Owned \$ _____
Type _____ Monthly Payment \$ _____ Balance Owned \$ _____
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Automobile Information

Make _____ Model _____ Color _____ License # _____
Make _____ Model _____ Color _____ License # _____
Make _____ Model _____ Color _____ License # _____

Emergency Contact Name _____ Relationship _____
Phone # _____ Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relationship _____
Phone # _____ Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relationship _____
Phone # _____ Address _____ City _____ State _____ Zip _____

Miscellaneous Information

Do You Smoke _____
Will You Be Bringing Your Own Stove, Refrigerator, Washer Or Dryer? Yes _____ No _____
If Yes Which Ones? _____ Are Your Appliances Gas _____ Or Electric _____
Do You Need Appliances Provided? _____
Do You Currently Have Renters Insurance? Yes _____ No _____

- 1. RENTERS INSURANCE IS A REQUIREMENT OF THE LEASE & MUST BE OBTAINED PRIOR TO MOVE IN.
- 2. MOVE IN DATES ARE TAKEN VERY SERIOUS AND IF NOT MET WILL RESULT IN CANCELATION OF APPLICATION & LOSS OF HOLDING FEE.
- 3. ALL PETS MUST BE APPROVED BY MANAGEMENT.

1. I hereby declare that all responses and information supplied on the application are true and current.
False information supplied in this application will be sufficient grounds to termination of the lease.
2. I hereby authorize ICON Real Estate Management Company to obtain and verify, but not limited to credit reports, past and present employers, landlord and address information and criminal background checks.
3. It is agreed that a facsimile or electronic signature shall stand in place of a applicants original signature.
4. I hereby authorize and give the right to ICON Real Estate Management Company to order & obtain a credit report and or criminal background check.
5. No tenancy is created by this application nor until a lease in a form satisfactory to the owner is signed & executed by the owner & tenant.
6. Canceled applications will result in forfeit & loss of the holding fee. Holding fee will be refunded if the application is denied or the property is not available for move in within 7 days.
7. All move in monies must be paid in the form of certified check, cashiers check or money order. And are due at the signing of the lease, prior to possession of the property.
8. Applicant agrees to pay all cost charged by the Work Numer for Employment Verifications.
9. This rental application is subject to satisfactory review of qualifying criteria such as credit reports, criminal background checks, public records data, employment verifications and landlord verifications
10. Security deposits are subject to change based on qualifying criteria.

Applicant Signature _____ Date _____

Witness _____ Date _____

Property Manager

Credit Report Obtained Yes ____ Or No ____ If No, Reason _____

Circle One: Approved Denied Cancelled If Denied Or Cancelled, Reason _____

Comments/ Concessions Or Details: _____

Property Manager Initials: _____ Date: _____